

<b>REQUEST TO APPROVE AN INTERAGENCY REPORTING REQUIREMENT</b>				<b>FOR GSA'S INTERAGENCY REPORTS USE</b>	
<p>INSTRUCTIONS: Submit an original and one copy of the proposed report, the supporting directive, and a justification statement to GSA (KMAS), Washington, D.C. 20405. See FIRM (41 CFR) 201-45.6 for further instructions.</p> <p>NOTE: For approved reports, the interagency control number must appear in the directive requiring the report. If a form is needed to collect data, the agency must place the report control number in the upper right corner of the form. Consult with the interagency reports staff before submitting this form for clearance of a new interagency reporting requirement.</p>				1a. REPORT CONTROL NO.	
				1b. EXPIRATION DATE	
2. NAME, ADDRESS, AND ZIP CODE OF REQUESTING AGENCY			3. TITLE OF REPORT		
4. TYPE OF REQUEST		5. FREQUENCY OF USE		6. REVISIONS AND EXTENSIONS	
<input type="checkbox"/> a. NEW <input type="checkbox"/> b. EXTENSION (No change) <input type="checkbox"/> c. REVISION <input type="checkbox"/> d. REINSTATEMENT <input type="checkbox"/> e. WAIVER		<input type="checkbox"/> a. ONCE ONLY <input type="checkbox"/> b. ON OCCASION <input type="checkbox"/> c. WEEKLY <input type="checkbox"/> d. MONTHLY <input type="checkbox"/> e. QUARTERLY		6a. INTERAGENCY REPORT CONTROL NO.	
				6b. EXPIRATION DATE	
7. LAW OR REGULATION(S) REQUIRING THIS REPORT					
8. CANCELED OR MODIFIED REPORTS OR FORMS (List by title and Interagency Report Control or OMB approval number, reports and forms to be canceled or modified by the report.)					
9. SUMMARY OF ESTIMATED REPORTING WORKLOAD		10. SUMMARY OF ESTIMATED REPORTING COSTS	REQUIRING AGENCY (1)	RESPONDING AGENCIES (2)	TOTAL (1 + 2)
A. NO. OF RESPONDING AGENCIES		A. DEVELOPMENTAL COSTS	\$	\$	\$
B. NO. OF TIMES THIS REPORT IS TO BE SUBMITTED YEARLY BY EACH RESPONDING AGENCY		B. ANNUAL OPERATING COSTS			
		C. ANNUAL USER COSTS			
C. TOTAL NO. OF REPORTS SUBMITTED ANNUALLY (A x B)		D. TOTAL	\$	\$	\$
11. REMARKS					
12. OMB APPROVAL (Complete only if report requires OMB approval).					
a. REQUEST SUBMITTED TO OMB		b. OMB APPROVAL NO. (If any)	c. DATE SUBMITTED	d. EXPIRATION DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
13a. NAME OF ORIGINATING PROGRAM OFFICIAL			13b. TELEPHONE NO.	13c. DATE	
14a. SIGNATURE OF INTERAGENCY REPORT COORDINATOR				14b. DATE	
FOR GSA'S INTERAGENCY REPORTS USE					
15. DISPOSITION OF REQUEST BY GSA					
<input type="checkbox"/> a. APPROVED <input type="checkbox"/> b. RECOMMENDED MODIFICATION (See attachment) <input type="checkbox"/> c. DISAPPROVED (See attachment) <input type="checkbox"/> d. NO CLEARANCE REQUIRED					
16a. SIGNATURE OF INTERAGENCY REPORT MANAGEMENT OFFICER				16b. DATE	
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition not usable.			STANDARD FORM 360 (EG) (REV. 12-88) Prescribed by GSA - FIRM (41 CFR) 201-45.6		